



**California State Board of Pharmacy**  
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Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



To: Board Members

**Subject: Agenda Item VII. Discussion and Consideration of Adoption of Board Approved Regulations, Comments Pending Review by the Board**

**(a) Proposed Regulations to Add Title 16 CCR Section 1717.5, Related to Automatic Refills**

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**Supplemental Materials:**

On September 16, 2020, the Board received an additional comment regarding the automatic refill regulation from the California Department of Corrections and California Correctional Health Care Services. No additional comments have been received since the end of the comment period.

**Comment:** Dr. Doe indicated that the Federal Receivership stipulates that automatic refills were “not to be dependent on patient requests.” Dr. Doe has requested that an exemption be added to the Board’s auto refill regulation for inmates of an adult correctional facility or a juvenile detention facility. Specifically, the language proposed is as follows: “Automatically refilling prescription medications for inmates of an adult correctional facility or a juvenile detention facility need not comply with the provisions of this section consistent with the policies and procedures of the facility.”

**Response to Comment:** Although the Board can disregard comments that arrive after the close of the public comment period, Board staff recommend that this comment be accepted and that the proposed language be further amended to exempt the auto refill requirements from applying to prescriptions refilled for inmates of an adult correctional facility or a juvenile detention facility. Staff notes that a similar exemption exists in CCR Section 1707.2 for this patient population as it relates to patient consultation requirements.

Should the Board agree with staff’s recommendation, the following or similar language could be used to facilitate the exemption.

Proposal to add Section 1717.5 in Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

...

(c) Pharmacies automatically refilling prescription medications for inmates of an adult correctional facility or a juvenile detention facility need not comply with the provisions of this section if the facility has written policies and procedures describing how a patient may request that a medication be automatically refilled and how a patient may refuse the medication.

Included with this supplemental information is:

1. The comment received on September 16, 2020.
2. The PowerPoint presentation submitted with the comment.
3. A copy of the federal stipulation submitted with the comment.

**Subject: Agenda Item VII. Discussion and Consideration of Adoption of Board Approved Regulations, Comments Pending Review by the Board**

**(a) Proposed Regulations to Add Title 16 CCR Section 1717.5, Related to Automatic Refills**

---

**Supplemental Materials:**

1. The comment received on September 16, 2020.

**From:** Doe, Greg@CDCR <[Greg.Doe@cdcr.ca.gov](mailto:Greg.Doe@cdcr.ca.gov)>  
**Sent:** Wednesday, September 16, 2020 10:53 AM  
**To:** Sodergren, Anne@DCA <[Anne.Sodergren@dca.ca.gov](mailto:Anne.Sodergren@dca.ca.gov)>  
**Cc:** Maclachlan, Linda@CDCR <[Linda.Maclachlan@cdcr.ca.gov](mailto:Linda.Maclachlan@cdcr.ca.gov)>; Spiegel, Beth@CDCR <[Beth.Spiegel@cdcr.ca.gov](mailto:Beth.Spiegel@cdcr.ca.gov)>  
**Subject:** CDCR CCR 1717.5 Request for Exemption  
**Importance:** High

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Ms Sodergren, In my previous eMail, I neglected to include the copy of the federal stipulation. Thank you, Greg

Gregory B. Doe, Pharm.D.  
Systemwide Chief of Pharmacy Services  
California Correctional Health Care Services  
[Greg.doe@cdcr.ca.gov](mailto:Greg.doe@cdcr.ca.gov)

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**From:** Doe, Greg@CDCR  
**Sent:** Wednesday, September 16, 2020 10:43 AM  
**To:** Anne Sodergren ([Anne.Sodergren@dca.ca.gov](mailto:Anne.Sodergren@dca.ca.gov)) <[Anne.Sodergren@dca.ca.gov](mailto:Anne.Sodergren@dca.ca.gov)>  
**Cc:** Spiegel, Beth@CDCR <[Beth.Spiegel@cdcr.ca.gov](mailto:Beth.Spiegel@cdcr.ca.gov)>; Maclachlan, Linda@CDCR ([Linda.Maclachlan@cdcr.ca.gov](mailto:Linda.Maclachlan@cdcr.ca.gov)) <[Linda.Maclachlan@cdcr.ca.gov](mailto:Linda.Maclachlan@cdcr.ca.gov)>  
**Subject:** CDCR CCR 1717.5 Request for Exemption  
**Importance:** High

Ms Sodergren:

On behalf of the California Department of Corrections and California Correctional Health Care Services, I apologize for our late response. We are seeking exemption from Business and Professions Code Title 16 , Division 17, § 1717.5. Automatic Refill Programs.

Our population is set up for automatic refills on chronic care medications as part of ensuring continuity of care. The Federal Receivership stipulated (see attached) that automatic refills were not to be dependent on patient requests pursuant to the following quote from the stipulation:

## F. Medication Refills

The Pharmacist-in-Charge at each site is responsible for developing a system for automatic refills of prescription medication (i.e., not dependent on patient request). Refill on demand may be used for PRN medications.

In order to comply with the Federal Receivership's order our Electronic Health Record System and all related workflows were developed to provide automatic refills for chronic care medications.

I therefore respectfully request the addition of the following language as part of the exemptions permitted for this regulation:

"Automatically refilling prescription medications for inmates of an adult correctional facility or a juvenile detention facility need not comply with the provisions of this section consistent with the policies and procedures of the facility."

Additional background is provided in the attached PowerPoint.

Respectfully,  
**Greg Doe**

Gregory B. Doe, Pharm.D.  
Systemwide Chief of Pharmacy Services  
California Correctional Health Care Services  
[Greg.doe@cdcr.ca.gov](mailto:Greg.doe@cdcr.ca.gov)

Office (916) 658-3823



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**Supplemental Materials:**

2. The PowerPoint presentation submitted with the comment.

Request for addition to  
exemption identified in proposed  
1715.5(b)

Request made on behalf of California Department of Corrections and  
California Correctional Health Care Services

# Background to autofill in CDCR

- In 2006 a Federal Receiver; reporting to Federal Court not the Governor was appointed to oversee prison healthcare due to court findings that CA prison healthcare was inadequate and thus violated Eighth Amendment rights.
- Amongst the significant healthcare improvements that followed; improved medication management to enhance continuity of care for inmates, particularly in the area of chronic conditions included the development of an autorefill system.



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Re: Notification of Changes to Vol. IV, Ch. 11: Medication Management

Dear Counsel:

Pursuant to Paragraph B(3) of Judge Henderson's September 6, 2007 Order, we have enclosed the following:

Vol. IV, Ch. 11: Medication Management Policy

Vol. IV, Ch. 11: Medication Management Procedure and Attachment

As provided in the Court's Order, the above policies and procedures as amended will take effect seven (7) days from the date of this letter. If you have any questions regarding this matter, please do not hesitate to give me a call.

Very truly yours,



Martin H. Bodd

cc: (All via e-mail; w/encl.)

Benjamin Rice  
Kyle Lewis  
Nancy Faszler  
J. Clark Kelso  
John Hagar  
Jared Goldman

Linda Buzzini  
Terry Hill  
Brenda Epperly-Ellis  
Tim Rougeux  
Joyce Hadnot

“the Pharmacist-in-Charge at each site is responsible for developing a system for automatic refills of prescription medication (ie., not dependent on patient request).”

Refill on demand may be used for PRN medications.

# Need for Autorefill in Correctional Facilities

- High burden of chronic conditions; in addition to those common in the community such as high blood pressure, asthma and diabetes, correctional health serves a population with relatively higher mental health needs and conditions such as HIV
- Inmates have no access to electronic means for ordering prescriptions (including telephonic)
  - Significant delays due to paper processes
  - Gaps in therapy of chronic care medications
  - Possible loss of continuity of care for patients unable or unwilling to place requests
- Autofilling chronic care prescriptions allows CDCR to optimize use of large scale high automation central fill pharmacy facility authorized through Penal Code 5024.2 (b) CA legislature to provide efficiencies of scale to contain labor and pharmaceutical costs

# Current & Proposed Exemption proposal in 1717.5 (b)

## Current language

A licensed health facility; as defined in Health and Safety Code 1250, that automatically refills prescription medications for its patients need not comply with the provisions of this section.

Note: H&S Code 1250 (j) includes Correctional Treatment Center but this only covers licensed inpatient centers and not the ambulatory population of prisons and jails.

## Proposed language to add

- Automatic refilling prescription medications for inmates of an adult correctional facility or a juvenile detention facility need not comply with the provisions of this section consistent with the policies and procedures of the facility

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**Supplemental Materials:**

3. A copy of the federal stipulation submitted with the comment.

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October 13, 2008

**VIA U.S. MAIL AND ELECTRONIC MAIL**

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Sacramento, CA 94244-2550

Re: Notification of Changes to Vol. IV, Ch. 11: Medication Management

Dear Counsel:

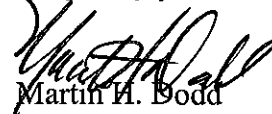
Pursuant to Paragraph B(3) of Judge Henderson's September 6, 2007 Order, we have enclosed the following:

Vol. IV, Ch. 11: Medication Management Policy

Vol. IV, Ch. 11: Medication Management Procedure and Attachment

As provided in the Court's Order, the above policies and procedures as amended will take effect seven (7) days from the date of this letter. If you have any questions regarding this matter, please do not hesitate to give me a call.

Very truly yours,



Martin H. Bodd

cc: (All via e-mail; w/encl.)

Benjamin Rice  
Kyle Lewis  
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John Hagar  
Jared Goldman

Linda Buzzini  
Terry Hill  
Brenda Epperly-Ellis  
Tim Rougeux  
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**DIVISION OF CORRECTIONAL HEALTH CARE SERVICES  
INMATE MEDICAL SERVICES  
VOLUME IV**

Policy

Procedure

Attachment

Title: Medication Management

Policy #: Chapter 11

Effective Date:

Last Review Date:

Revision Date:

Approval Date:

**This policy applies to the following client population (s):**

Adult (16-65 yrs)

Geriatric (65 yrs+)

### I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall provide medications to patients in a timely manner, in accordance with state and federal laws.

Medication management is a shared responsibility requiring collaboration between health care and custody staff. Institutional managers (both health care and custody) shall pursue corrective action to remove barriers to medication administration through the Quality Management process.

Patients have the right to refuse medications except for emergency situations (e.g., as a result of a mental disorder the patient is an imminent threat to himself or others) consistent with current state law or state regulations, certain non-emergency circumstances specified by law such as a valid *Keyhea* order, and other circumstances specified by law such as appointment of a conservator by a court for a person determined to not be competent to provide informed consent.

### II. PURPOSE

To provide medications to patients in a timely manner, in order to attain and maintain optimum health.

### III. DEFINITIONS

#### Administer

Means "the direct application of a drug or device to the body of a patient or research subject by injection, inhalation, ingestion, or other means." (California Pharmacy Rules and Regulations, Business and Professions Code, section 4016)

#### Dispense

Means the furnishing of drugs or devices upon a prescription from a physician, dentist, optometrist, podiatrist, veterinarian, or naturopathic doctor ... or upon an order to furnish drugs or transmit a prescription from a certified nurse-midwife, nurse practitioner, physician

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assistant, naturopathic doctor ... or pharmacist acting within the scope of his or her practice. (b) "Dispense" also means and refers to the furnishing of drugs or devices directly to a patient by a physician, dentist, optometrist, podiatrist, or veterinarian, or by a certified nurse-midwife, nurse practitioner, naturopathic doctor, or physician assistant acting within the scope of his or her practice." (California Pharmacy Rules and Regulations, Business and Professions Code, section 4016)

**Furnish**

Means to supply by any means, by sale or otherwise. (California Pharmacy Rules and Regulations, Business and Professions Code, section 4016)

**Medication Refill**

Refers to repeat dispensing of the same medication pursuant to an active valid physician order including an authorized number of refills or authorized duration of prescription.

**Medication Renewal**

Refers to an expired or expiring physician's order for chronic medication. A new physician order is required for dispensing.

**Direct Observed Therapy (DOT)**

Observation of ingestion of medication delivered by appropriately licensed health care staff, including but not limited to: Registered Nurse (RN), Licensed Vocational Nurse (LVN), or Licensed Psychiatric Technician (LPT) to the patient.

**Keep-on-Person**

These are medications that the prescriber believes can be safely administered by the patient. Inmates participating in this privileged program must be able to understand instructions for self-administration of medications and be able to safely store and secure his/her medications. Certain medications are not approved for self-administration, including, mental health medications, medications used for treatment of diseases of public health concern (e.g. STDs and TB), and all controlled substances. Certain categories of medications may be restricted from self-administration due to seriousness of side effects, potential for abuse, and/or narrow therapeutic threshold and overdose risk. Inmates participating in the program shall be able to produce a valid, current label for each medication they have on person and may be required to return inhalers and pill containers prior to receiving refills or additional medication.

**Keyhea**

Involuntary psychotropic medications are provided for under the Keyhea v. Rushen court order process.

**IV. GENERAL REQUIREMENTS**

1. Licensed health care staff shall dispense, administer, monitor, and track all medications prescribed by authorized providers within their scope of licensure under California law (physician, dentist, podiatrist, nurse, mid-level practitioner).

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2. Each institution shall maintain a comprehensive local implementation plan for the medication management system that provides a more detailed description of operating procedures consistent with statewide policy.
3. Each medication order, including PRN (Pro re nata, meaning on an as needed basis), shall include the following (consistent with Chapter 9 Prescription Requirements):
  - The date and time of the order
  - The medication name
  - The strength (dose) of the medication to be administered
  - The route of administration
  - The dosing frequency (how many times per day and a specific time frame if necessary)
  - Duration of prescribed therapy
  - Quantity
  - Allergies
  - Indication (PRN only)
  - A legible signature
  - One of the following: “KOP” for keep on person; “DOT” for direct observation therapy; or, “NA” for nurse administered that is not KOP or DOT.
4. A Physician’s Order for non-psychotropic medication shall not exceed 180 days in duration.
5. A Physician’s Order for psychotropic medication shall not exceed 90 days in duration.
6. A copy of the CDCR Form 7221, Physician’s Order, shall be retained with the CDCR Form 7321A, Outpatient Medication Administration Record (MAR) until licensed health care staff can verify the CDCR Form 7221 Physician’s Order against the MAR.
7. Medications prescribed shall be available the next business day unless otherwise ordered (e.g., order specifies medication to start today). Providers may order medications STAT or order them to begin at a specified future date as appropriate.
8. Medications ordered on an “AM and PM” or twice daily basis shall be administered with at least eight (8) hours between the two dosing times, unless otherwise indicated on the CDCR Form 7221. Prescribers are encouraged to reduce medication dosing frequency to as few times per day as possible while observing the particular medication’s pharmacokinetics and clinical efficacy.
9. When clinically indicated, medications may be ordered as “HS” (Hora somni meaning bedtime or hour of sleep). Medications ordered as “HS” shall be administered after 2000 hours.
10. “STAT” medications shall be administered within one (1) hour of the order.
11. Institutions shall ensure that patients prescribed insulin receive their insulin prior to meals to minimize the potential for hyperglycemic reaction.
12. Injections shall not be administered through the food port.
13. Patients arriving in the Receiving and Release (R&R) area from a site other than a CDCR institution who are on essential prescription medications shall be seen by a Primary Care Provider (PCP) and Psychiatrist when indicated, or have their prescription medications ordered within eight (8) hours of arrival to prevent any interruption in treatment. The



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goal is to administer the medication by the next dosing interval so to avoid a missed dose. (For many, the next scheduled dose may not be until the next day.)

14. Medications shall be stored in a clean, safe, temperature controlled and secured manner at all times.
15. Each institution shall maintain a system to notify licensed health care staff administering medication of those patients with orders for involuntary medication administration. (i.e., Keyhea).
16. Medication management concerns involving security or safety issues (i.e., hoarding or selling of medications) shall be referred to the Health Care Manager (HCM) and the appropriate Associate Warden or designee for resolution.

**REFERENCES**

- Joint Commission on Accreditation of Health Care Organizations. MM.5.10.
- National Commission on Correctional Health Care, Standards for Health Services in Prison. (2003). Medication Administration Training (P-C-05).
- National Commission on Correctional Health Care, Standards for Health Services in Prison. (2003). Medication Services (P-D-02).
- National Commission on Correctional Health Care, Standards for Health Services in Prison. (2003). Emergency Psychotropic Medication (P-I-02).
- California Pharmacy Rules and Regulations (2007). Business and Professions Code, section 4016.

**DIVISION OF CORRECTIONAL HEALTH CARE SERVICES  
INMATE MEDICAL SERVICES  
VOLUME IV**

<input type="checkbox"/> Policy	<input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> Attachment
Title: Medication Management	Chapter #: 11	
	Effective Date:	
	Last Review Date:	
	Revised Date:	
	Approval Date:	

**PERFORMED BY:** PCP:       RN:       LVN/LPT:

**GENERAL**

**INSTRUCTIONS:** At the time of medication administration, licensed nursing staff shall ensure that the **right patient** receives the **right medication** and **right dose**, by the **right route**, at the **right time**. In addition, nursing staff shall ensure that each patient's Medication Administration Record (MAR) includes the **right documentation**.

Injections shall not be administered through the food port. If a patient requires medication to be administered by injection, custody staff shall open the cell door for the nurse to administer the medication or have the patient escorted to an appropriate area (clinical space when available) in the housing unit where the nurse can safely administer the medication.

**PROCEDURE:**

A. Basic Medication Administration Procedure

1. Licensed nursing staff shall compare the medication label with the MAR, and also check each patient's MAR for potential allergies prior to administering medications. Licensed nursing staff shall verify that the medication order is current and that the medication has not expired. A medication error report shall be completed for any deviation from this procedure. (See *Medication Errors*).
2. Licensed nursing staff shall verify the patient's name and CDCR number prior to administering medication. After the medication is ingested nursing staff shall record the medication administered on the patient's MAR. The route of administration and injection site shall also be recorded on the back of the MAR if a medication is administered by injection. Insulin shall be recorded on a CDCR Form 7247, HTN Monitoring/Diabetes Monitoring and Insulin Administration Log.
3. Licensed nursing staff shall notify the specific prescriber in writing via a CDCR Form 128-C of any suspicion that the patient is not taking prescribed medication. Upon notification, the prescriber shall evaluate the need for modification of the medication regimen.

4. Nursing staff shall generate a CDCR Form 128-C, Chrono-Medical, Psychiatric, Dental, for patients with a history of hoarding, cheeking or selling their medications.

B. Exceptions to Basic Administration Procedure

1. DOT (Direct Observed Therapy) Procedure (in lock-up units)
  - a. The provider shall include the written instruction "DOT" on the prescription.
  - b. Licensed nursing staff shall administer the medication to the patient. Custody staff shall accompany nursing staff and assist while medications are being delivered to patients. Patients shall be instructed to turn on the light and come to the cell front in clear visibility of the window. The patient shall bring a cup of water to swallow oral medications. Nursing staff shall place the patient's medication through the opening in the cell door. The patient shall take the oral medications into his/her mouth followed by an adequate amount of water to swallow all pills, while remaining in clear visibility. The patient shall be observed by nursing staff while swallowing the prescribed oral medication.
  - c. Staff shall verify that the medication(s) has been swallowed by completing a visual mouth check, viewing the empty cup and taking other necessary and reasonable measures such as viewing the inmate's hands and empty pockets.
  - d. If nursing staff have followed all steps of the above procedure and cannot visually verify that the patient has swallowed the medication, the nurse shall request that custody staff have the patient removed from his/her cell and escorted to an area with adequate lighting in order to clearly verify that the patient has swallowed the medication.
  - e. Patients who do not comply with the DOT procedure shall be removed from their cell and escorted by custody staff to an area with adequate lighting to verify medication delivery.
  - f. Refer to Medication Refusal section if patient refuses.
2. DOT Procedure (in pill call lines)
  - a. The provider shall include the written instruction "DOT" on the prescription.
  - b. Licensed nursing staff shall administer the medication to the patient. Water shall be available. The patient shall take the oral medications into his/her mouth followed by an adequate amount of water to swallow all pills, while remaining in clear visibility. The patient shall be observed by nursing staff while swallowing the prescribed oral medication. Custody staff shall be present at the pill line to assist with the DOT process.

- c. Licensed health care staff shall verify that the medication(s) has been swallowed by completing a visual mouth check and viewing the empty cup.
  - d. If nursing staff have followed all steps of the above procedure and cannot verify that the patient has swallowed the medication, nursing staff shall request that custody staff escort the patient to an area with clear visibility to confirm ingestion of the medication.
3. Keep-on-Person (KOP) Procedure
- a. When prescribing KOP medications, the prescriber shall explain to the patient how to take the medication (prescription instructions). The prescriber shall communicate effectively and appropriately based upon the patient's ability to comprehend the information and document the instruction on a CDCR Form 7230, Interdisciplinary Progress Note or, when the prescriber is a dentist the CDCR Form 237-C, Dental Progress Notes or the CDCR Form 237-C1, Supplemental to Dental Progress Notes. The prescription by the provider should include the instruction "KOP."

**NOTE: Psychotropic medications may not be prescribed as "KOP."**

- b. Nursing services staff shall record on the patient's MAR when the patient receives his/her KOP medications. The MAR shall include the following: patient name and CDCR number; prescription (e.g., second label); and date, time, and signature of licensed health care staff distributing the medication.
- c. Refilling of KOP medications may occur by patient initiation of the need for refill, by nursing generation of a refill request, or by an auto refill process by the facility pharmacy. PRN medications will only be refilled upon patient initiation of the refill request. Renewal requests for expired KOP medication orders shall be the responsibility of the patient.
- d. Patients should be instructed to return the empty medication package (i.e., blister card, baggie, inhaler, ointment tube) in exchange for a medication refill for KOP medications. Notwithstanding, refills for KOP medication should be given whether or not the patient returns the packaging (i.e., blister card, baggie, inhaler, ointment tube) from the previous fill. If the patient is unable to provide packaging, this shall be documented in the patient's UHR and the prescriber will be notified.
- e. The nurse shall advise the patient to return at a specific time to pick up his/her KOP medication at the pill line. If the patient does not pick up the KOP medication at the specified time, a

ducat shall be issued. In the event a patient does not pick up their KOP medications within two (2) business days of being notified, licensed health care staff shall contact custody staff to have the patient escorted to the pill line to either pick up their KOP medications or sign a refusal form. If a refusal is signed licensed health care staff shall forward a copy of the refusal form to the prescribing physician and a copy to the patient.

- f. All asthmatic inhalers and sublingual nitroglycerin shall be prescribed as KOP.

#### 4. Self-Administered Injections

After demonstrating self-injection skills, patients on insulin may self-inject while under close observation by a licensed nurse. Nursing staff shall prepare the insulin for administration; observe the injection and record the dosage on the back of the patient's MAR and the CDCR Form 7247 HTN Monitoring/Diabetes Monitoring and Insulin Administration Log.

### C. Medication No-Shows/Refusal/Hoarding and Cheeking

A medication "no-show" occurs when a patient does not come to the pill line or is not present to receive his/her prescribed medications.

A medication "refusal" occurs when a patient comes to the pill line or cell front but refuses his/her prescribed medication, or fails to comply with medication procedures.

1. The licensed nurse assigned to the clinic shall document each medication no-show/refusal on the MAR by circling and initialing in red the date and time slot where the medication would have been recorded had it been given.
2. If the patient is a "no show," nursing staff shall attempt to identify barriers (e.g., lockdowns, transfer to another area or institution, or any other custody-related matter) that may have prevented the medication from being administered and the Facility Captain, Lieutenant, or Plata Associate Warden shall be contacted to assist with existing barrier issues during business hours.
3. If the patient refuses medication the licensed nurse shall attempt to determine why the patient is refusing the medication and document the reason for each medication refused on the back of the MAR.
4. A licensed nurse shall perform a weekly review of the MARs and refer in writing via a CDCR Form 128-C any patient who has missed 3 consecutive days of medications, or fifty percent (50%) of any medication in one week either by refusal, no-show, or shows a pattern of unexplained missed medications, to the prescriber for medication follow-up counseling.

The referral shall be initiated the same day as the MAR review. In addition,

- a. Any patient who refuses or is a no-show for one dose of Keyhea medication shall be immediately referred verbally and in writing via CDCR Form 128-C to the prescriber for medication follow-up counseling.
  - b. Any patient who refuses or is a no-show for insulin, TB, designated HIV medications, or Clozapine shall be referred in writing via CDCR Form 128-C on an urgent basis to the prescriber, Public Health Nurse, or Physician-on-Call (POC) for medication follow-up counseling.
  - c. Patients will be seen within (7) calendar days of the date of referral for non-urgent appointments for medication follow-up counseling
  - d. When a referral is made to a prescribing clinician the nurse shall document any known reason(s) for the refusal on a CDCR Form 7230, Interdisciplinary Progress Note.
5. For patients with a history of or current indication of hoarding, checking, etc of prescribed medication the prescriber may order medications in tablet or capsule form to be crushed or emptied into water or juice, unless prohibited by specific medication requirements (e.g., sustained release tablets), or provided in liquid form. Within ten business days of issuing that order, the provider will develop a plan to address this issue such as DOT, laboratory testing, or IDTT.

D. Medication Follow-Up Counseling

1. The prescriber shall interview the patient, provide education regarding the implications/consequences of not taking medication, and evaluate the need for modification to the medication regimen.
2. The prescriber shall conduct the interview/education using effective communication consistent with the patient's ability to comprehend the information and document the education on a CDCR Form 7230, Interdisciplinary Progress Note or, when the prescriber is a dentist the CDCR Form 237-C, Dental Progress Notes or the CDCR Form 237-C1, Supplemental to Dental Progress Notes.
3. If a competent patient continues to refuse medication, the prescriber may discontinue the medication and ask the patient to sign a CDCR Form 7225, Refusal of Treatment. If the patient refuses to sign the CDCR Form 7225 the prescriber shall document the offering and the refusal of treatment on the bottom of the form. (Refer to TB guidelines regarding refusal of TB medications.)

E. Medication Renewals

1. The prescriber is responsible for reordering essential medications with appropriate, timed follow-up visits as part of the medication continuity procedure. Pharmacy shall provide to the scheduler a list of medications (psychotropic and non-psychotropic) at least one week prior to expiration, or in accordance with the local operating procedure. The scheduler will give the affected patients an appointment with the prescriber prior to expiration of their medication.
2. If a medication order for an ongoing medical condition has expired, a licensed nurse shall obtain a telephone order from the prescriber for a fourteen (14) day continuation of medication. During the fourteen (14) day extension period, staff shall schedule the patient to see the prescriber for renewal of the medication,.

F. Medication Refills

The Pharmacist-in-Charge at each site is responsible for developing a system for automatic refills of prescription medication (i.e., not dependent on patient request). Refill on demand may be used for PRN medications.

G. Patient Movement within an Institution

1. When moving a patient from one housing location to another, custody staff shall provide a copy of the GA Form 154, Inmate Transfer- Bed/Cell Housing Change, to the licensed nurse assigned to the facility clinic.
2. The licensed nurse shall give custody staff the patient's current MAR and medication in a correctly labeled, sealed envelope/container. Custody staff shall deliver the MAR and medications to the clinic serving the patient's new housing unit.
3. The facility unit supervisor shall be notified in the event of difficulties in following this procedure.

H. Medication Errors

1. Upon recognition of a medication error, the patient shall be assessed immediately by an RN, Nurse Practitioner, or Physician. The prescriber or POC shall be contacted for further directions.
2. The licensed nurse identifying the medication error shall complete a Medication Error Report within 24 hours. The Medication Error Report shall be submitted to the Director of Nursing for review and follow-up. A copy of the Medication Error Report shall also be forwarded to the Pharmacist-in-Charge, Chief Medical Officer (CMO), Chief Dentist for dental errors, and the Health Care Manager.

I. Parole/Discharge Medication

When patients, currently receiving medications, are released on parole or discharged, the pharmacy shall dispense a thirty-day (30) supply of legend (prescription) medications unless clinically contraindicated. A CDCR Form 7230, Interdisciplinary Progress Note or, when the prescriber is a dentist the CDCR Form 237-C, Dental Progress Notes or the CDCR Form 237-C1, Supplemental to Dental Progress Notes, shall be completed to indicate rationale when a patient is given less than a thirty-day (30) supply.

1. Health care and pharmacy staff shall be notified by the Classification and Parole Representative (C&PR) office at least fourteen (14) days prior to release of an inmate. Each institution shall ensure that the patient receives his/her parole medication(s) at the time of release, along with a list of the medications provided.
2. Any modifications to the parole/discharge list shall be handled via telephone contacts between the C&PR office and the health care and pharmacy staff.
3. Medication shall be prepared by pharmacy staff and delivered to the R&R supervisor prior to the day of parole.
4. At the time of release, custody staff shall deliver the medication to the patient and have the patient sign indicating receipt. The Pharmacy Supplies and Medication for Inmate-Patients form shall be filed in the Unit Health Record (UHR). A log should also be maintained in the R&R unit that includes the names of paroling/discharging inmates, name and amount of discharge medications and whether the inmate received the medications.
5. Medication(s) shall be placed in a stapled or sealed bag by pharmacy staff with the patient's name affixed to provide a degree of privacy.
6. Patient questions shall be referred to the pharmacist upon receiving their discharge medications.

J. Transfer of Medication

1. The C&PR or designee shall provide a transfer list to Health Records containing the names of all patients scheduled to transfer within two weeks. The transfer list shall be provided to Health Records no later than Thursday at noon of the week preceding transfer. The transfer list shall include the patient name, CDCR number, endorsed institution, and the date and approximate time of transfer. Any modifications to the transfer list shall be handled via telephone contacts between the C&PR office and the Health Records transfer desk.



2. Health Records staff shall notify the R&R RN of the transfers in a timely manner. The R&R RN shall notify the pharmacy of the impending inmate transfer and complete the CDCR Form 7371, Confidential Medical/Mental Health Information Transfer Summary. The R&R RN shall also notify clinic staff to flag all MARs, and have medications (excluding controlled substances) sent to R&R after the last dose of medication is administered, prior to transfer. The CDCR Form 7371 shall be placed in the transfer envelope.
3. Upon notification by the R&R RN, the sending institution's pharmacist shall print a current pharmacy medication profile for each patient scheduled for transfer, and ensure that all prescription information required for the proper transfer of a prescription is included. (See *Inmate Medical Services Policy and Procedure*, Volume 4 "Medical Services," Chapter 3 "Health Care Transfer Process," Section III "Procedure," Subsection 5 "Sending Institution Transfer Procedure"). The pharmacy staff shall provide to the R&R RN a current pharmacy medication profile for each patient transferring.
4. The Supervising Registered Nurse (SRN) at the sending institution shall be responsible to ensure health care staff at the sending institution includes the following in the transfer envelope:
  - Copies of all active CDCR Form 7221's from the UHR;
  - The original MAR;
  - Pharmacy medication profile;
  - The original CDCR Form 7371; and
  - All current medications (excluding controlled substances)
5. Pharmacy shall send three (3) days worth of medication with the patient transferring to any CDCR facility or outside correctional facility including non-CDCR custody. A copy of the MAR and the CDCR Form 7371 shall be kept in Medical Records for forty-eight (48) hours after transfer, in the event that the receiving institution calls to reference information on the MAR or the CDCR Form 7371.
6. On the date of departure, custody staff shall instruct all patients scheduled for transfer to take their KOP medications to the R&R area. The R&R RN or designated healthcare staff shall verify the patients are current with all doses of their medications prior to transport. Over-the-counter medications (those purchased by the patient) shall be packed in the patient's personal property. Medication that is no longer in the original container and cannot be identified shall be confiscated and a CDCR Form 1083, Inmate Property Inventory, shall be provided to the patient. The R&R RN or designated health care staff shall pack the remaining medications with the MAR in the transfer envelope. Custody staff

- shall seal the transfer envelopes in a transport container, which shall accompany the Central-Files and UHRs.
7. The R&R and transportation staff shall allow patients to keep their nitroglycerin tablets and/or inhalers on their person during transfer. For patients who pose a security risk if allowed to carry these medications during transportation, alternate methods, as determined by healthcare staff, may be used to transport the medication while allowing the patient access to the medication.
  8. For en route stops or layovers, the licensed nurse assigned to R&R shall obtain medication from the transfer envelope, the night locker, or the pharmacy for each patient. The licensed nurse shall administer the medication and document the administration of each medication on the MAR. KOP medications shall also be documented on the MAR. The MAR shall be signed and dated by the nurse and replaced in the transfer envelope.
  9. Healthcare staff at the receiving institution shall file the patient's MAR used during transport in the Progress Note section of the UHR. The CDCR Form 7371 shall be placed in chronological order in the Progress Note section.
  10. To ensure patients continue to receive prescribed medications without interruption, the sending institution's CDCR Form 7221 and MAR shall be honored at the receiving institution until an appropriate prescriber evaluates the patient, or until the medication order expires. The R&R RN shall be responsible for ensuring medication continuity for patients arriving via intra-system transfer.
  11. The Pharmacist-in-Charge at the receiving institution shall make medications available, as indicated on the CDCR Form 7221/MAR. Should the Pharmacist-in-Charge at the receiving institution require prescription or administration information beyond that provided by the sending institution pharmacist, he/she shall call or fax a request for the necessary information to the sending institution Pharmacist-in-Charge. If no response is provided within six (6) hours, the Pharmacist shall contact a local institution physician for medication orders.

**K. Controlled Substances**

1. The dispersal of Controlled Drug Substance to the Nursing Units throughout the institution must be documented on the Control Medication Perpetual Inventory form.
2. Pharmacy will be responsible for maintaining the perpetual controlled drug substances inventory kept in the pharmacy.
3. Pharmacy will be responsible for maintaining a Control Sheet Issue/Receipt Log, assigning and reconciling control record number for each Controlled Drug Administration Record that is

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issued to the nursing unit. *See Chapter 18, Ordering, Securing, and Disposing of DEA Schedule II, III, IV and V Controlled Medications*

## **DIRECTLY OBSERVED THERAPY GUIDELINES FOR MENTAL HEALTH PATIENTS**

Mental health factors and/or safety may in the prescriber's opinion, warrant medications ordered as directly observed therapy (DOT). DOT ordered medications must have adequate clinical justification documented in the patient's Unit Health Record (UHR). Before prescribing, the clinician should review the patient's UHR for the following:

- Administration resulting from a court order (i.e., Keyhea)
- Potential for self-harm
- Potential for abuse or trafficking
- History of non-compliance
- History of overdosing
- Recent history (within past year) of suicidal ideation, threats, or attempts

A prescribing clinician may order medication as DOT, pending consultation with a patient's psychiatrist. The date and time of the consultation and agreed upon strategy for medication administration shall be documented in the patient's UHR.

**DEFINITIONS****Administer**

Means the direct application of a drug or device to the body of a patient or research subject by injection, inhalation, ingestion, or other means.” (California Pharmacy Rules and Regulations, Business and Professions Code, section 4016)

**Dispense**

Means the furnishing of drugs or devices upon a prescription from a physician, dentist, optometrist, podiatrist, veterinarian, or naturopathic doctor ... or upon an order to furnish drugs or transmit a prescription from a certified nurse-midwife, nurse practitioner, physician assistant, naturopathic doctor ... or pharmacist acting within the scope of his or her practice. (b) "Dispense" also means and refers to the furnishing of drugs or devices directly to a patient by a physician, dentist, optometrist, podiatrist, or veterinarian, or by a certified nurse-midwife, nurse practitioner, naturopathic doctor, or physician assistant acting within the scope of his or her practice.” (California Pharmacy Rules and Regulations, Business and Professions Code, section 4016)

**Furnish**

Means to supply by any means, by sale or otherwise. (California Pharmacy Rules and Regulations, Business and Professions Code, section 4016)

**Medication Refill**

Refers to repeat dispensing of the same medication pursuant to an active valid physician order including an authorized number of refills or authorized duration of prescription.

**Medication Renewal**

Refers to an expired or expiring physician’s order for chronic medication. A new physician order is required for dispensing.

**Directly Observed Therapy (DOT)**

Observation of ingestion of medication delivered by appropriately licensed health care staff, including but not limited to: [Registered Nurse (RN), Licensed Vocational Nurse (LVN), or Licensed Psychiatric Technician (LPT)] to the patient.

**Keep-on-Person**

These are medications that the prescriber believes can be safely administered by the patient. Inmates participating in this privileged program must be able to understand instructions for self-administration of medications and be able to safely store and secure his/her medications. Certain medications are not approved for self-administration, including, mental health medications, medications used for treatment of diseases of public health concern (i.e., STDs, TB,), and all controlled substances. Certain categories of medications may be restricted from self-administration due to seriousness of side effects, potential for abuse, and/or narrow therapeutic threshold and overdose risk. Inmates participating in the program shall be able to produce a valid, current label for each medication they have on person and may be required to return inhalers and pill containers prior to receiving refills or additional medication.

**Keyhea**

Involuntary psychotropic medications are provided for under the Keyhea v. Rushen court order process.

